MEMORANDUM

Agenda Item No. 3(A)(4)

TO:

Honorable Chairman Jean Monestime

and Members, Board of County Commissioners

DATE:

April 5, 2016

FROM:

Abigail Price-Williams

County Attorney

SUBJECT:

Resolution retroactively authorizing in-kind services for the November 7, 2015

"1st Annual Modello Community

Reunion" sponsored by the Mothers Against Bullies, Inc.

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

Abigail Price-Williams
County Attorney

APW/lmp

MEMORANDUM

(Revised)

TO:	Honorable Chairman Jean Monestime and Members, Board of County Commissioners	DATE:	April 5, 2016	
FROM:	Abigail Price-Williams County Attorney	SUBJECT	Γ: Agenda Item No. 3(A)(4)
Pl	ease note any items checked.			
·	"3-Day Rule" for committees applicable if a	raised		
	6 weeks required between first reading and	public hearin	ıg	
	4 weeks notification to municipal officials re hearing	equired prior	to public	
	Decreases revenues or increases expenditure	es without ba	lancing budget	
	Budget required			
	Statement of fiscal impact required			
	Statement of social equity required	•		
	Ordinance creating a new board requires de report for public hearing	tailed County	/ Mayor's	
	No committee review		•	
	Applicable legislation requires more than a r 3/5's, unanimous) to approve	najority vote	(i.e., 2/3's,	
	Current information regarding funding sour balance, and available capacity (if debt is con	ce, index code	e and available	

Approved	Mayor	Agenda Item No. 3(A)(4)
Veto		4-5-16
Override		

RESOLUTION NO.

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE NOVEMBER 7, 2015 "1ST ANNUAL MODELLO COMMUNITY REUNION" SPONSORED THE MOTHERS AGAINST BULLIES, INC. IN AN AMOUNT NOT TO EXCEED \$650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, Mothers Against Bullies, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the November 7, 2015 "1st Annual Modello Community Reunion" in an amount not to exceed \$650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "1st Annual Modello Community Reunion" is to bring the community together by creating a family-friendly atmosphere open to the public featuring, among other things, food, music, and games; and

WHEREAS, the Mothers Against Bullies, Inc. is a not-for-profit organization; and

WHEREAS, the "1st Annual Modello Community Reunion" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$650.00 of the in-kind services shall be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve funds,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the November 7, 2015 "1st Annual Modello Community Reunion" sponsored by the Mothers

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Against Bullies, Inc., in an amount not to exceed \$650.00 to be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner , who moved its adoption. The motion

was seconded by Commissioner

and upon being put to a vote, the

vote was as follows:

Jean Monestime, Chairman Esteban L. Bovo, Jr., Vice Chairman

Bruno A. Barreiro Jose "Pepe" Diaz

Sally A. Heyman Dennis C. Moss

Sen. Javier D. Souto

Juan C. Zapata

Daniella Levine Cava Audrey M. Edmonson

Barbara J. Jordan Rebeca Sosa

Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of April, 2016. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

Ву:		
	Deputy Clerk	

Approved by County Attorney as to form and legal sufficiency.

<u>Gks</u>

Gerald K. Sanchez

MIAMI-DADE COUNTY FEE WAIVER/IN-KIND SERVICES APPLICATION FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

		111 N.	of Strategic Business Management W. 1 st Street, Suite 2200 FL 33128	Phone; Fax;	(305) 375-5143 (305) 375-5168
Ту р	e of I	Event/Application	(select one of the following):		
W.	SC.	District Event -	Event of minimal impact related to specific commission distri- submitted to the appropriate District Commissioner within tw	lot (Comple o days of r	ete questions 1-7, sign and date; copy will be ecelpt of application.)
`	П	Small Event -	Event of minimal impact not necessarily related to a specific date.)	commissk	on district. (Complete questions 1-7, sign and
•	\ [\	Special Event* -	Event with expected attendance of less than 5,000 with local municipality (Complete questions 1-12, sign, date and submit		
	Q	Major Event* -	Large Event with expected attendance of over 5,000 or signivandalism (Complete questions 1-12, sign, date and submit		
			Note: Event budget must be included for "Specia	l" and "Ma	ajor" event types.
C		lssioner sponsor)เ	Maria	05	
1.	Full	legal name of the	requesting organization:	-5 -/	CAINSI DVIIIE
2.	Арр	licant Status; (Sel	ect one of the choices below)		
		☐ For-Pro	r-Profit or Tax Exempt offt Government or Public Entity (specify):	,	
3.	Nan	ne and contact inf	ormation for single point of contact (address, phone, fax, em	 ali address 186	i, elc.):
4.	Spe	clfy fee walver or	in-kind service requested (quantify, if applicable):	WW.	MOBILIT STAGE
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	· · · · · · · · · · · · · · · · · · ·



MIAMI-DADE COUNTY FEE WAIVER/IN-KIND SERVICES APPLICATION Page 2

6.	Name, date	of event, description, and purpose of the event (If event is a fund-raiser, define the boneficiaries): (O) The COMMUNITY TOWN 151 ANNUX
3.	Pleasa sela	ect ALL that apply to event:
	` ' []	Economic Development: Event supports vitality or growth of the local economy
	`D1	Youth/Education: Event benefits youth of any age and/or offers educational benefits
	, 🖽	Health and Social Services; Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
	(C)	Arts and Culture: Event supports music, theatre, literature, art or culture
		Environmental: Event benefits environmental concerns or promotes conservation
	`~ . Q	Sports and Alhtelics: Event supports/promotes organized sports or recreational participation
7,	Physical a	ddress of event venues (please specify Commission District(s)): MODFWO FAILK 28450 S.W. 152W 87 HOWESTEAD \$1,33032
3.	Description	of regional or local impact: Brinding Community Lobertan Rues.
9,	Dally/hourl	y event schedule, including set-up and breakdown schedule (allach event calondar, if applicable): 10a-7-17 NN Sa7 OO 12-174 NN Sa4 004-7800 F30U (Alla) 234 - 330 (NFS)
Page 1 Revise	4 8400 (1)	FOOTBALL & DICTS BORD CALLES TO QUE

4

MIAMI-DADE COUNTY FEE WAIVER/IN-KIND SERVICES APPLICATION Page 3

10.	Detailed description of event venues (map or schematic of event venues, access points, surrounding readways and traffic flow diagrams, if					
	applicable);					
11.	Expected number of participants and estimated attendance (per day, If applicable):					
12.	Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach					
	addillonal pages as needed):					
) he	eby gertify that all the statements made in this application are true and correct.					
	\mathcal{L}					
	Janu / / 10/1/27)					
Sign	nature of Authorized Representative Date					



SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION (305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Mothers Against Buillies. Inc.,						
EQUIPMENT REQUESTED: Stage 16' X 16'						
NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis C. Moss, Commission District #9						
OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):						
BILLING ADDRESS/ZIP CODE: 1634 NVV 6th Avenue Florida City	FL 33034					
NAME/TITLE OF THE EVENT: Modello Reunion						
ADDRESS OF EVENT: Modello Park 28450 SW 152nd Ave Homes	tead					
TODAY'S DATE: 11/06/15 DATE (S) & TIME OF EVENT:	11/07/15					
SET-UP TIME & DAY:	8AM 11/07/15					
TAKE-DOWN & DAY:	5PM 11/07/15					
CONTACT PERSON/PHONE: Aretha Robertson 786-374-4629 AT SITE CONTACT/CELL PHONE#:						
SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.						
OTHER INFORMATION: Include additional equipment if needed						
We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Mlami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event. *Fee: \$650,00 in-kind District #9 *(SEE FEE SCHEDULE FOR EXACT CHARGES) Commissioner Dennis C. Moss						
Agency/Group: Col	mmission District#9					

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED

1/2 (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

Late equipment arrivals, please call (786) 236-7926

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Not For Profit Corporation

MOTHERS AGAINST BULLIES, INC.

Filing information

Document Number

N06000012835

FEI/EIN Number

51-0622425

Date Filed

12/15/2006

State

FL

Status

ACTIVE

Principal Address

23548 SW 112 CT. MIAMI, FL 33032

Changed: 04/19/2009

Mailing Address

23548 SW 112 CT. MIAMI, FL 33032

Changed: 04/19/2009

Registered Agent Name & Address

MILLER, RENEE 23548 SW 112 CT. MIAMI, FL 33032

Address Changed: 04/19/2009

Officer/Director Detail

Name & Address

Title Clerk

DUMAS, DREW 10498 SW 177 ST MIAMI, FL 33157

Title Treasurer

CRUSE, TATIANA 10498 SW 177 ST MIAMI, FL 33157

http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 11/6/2015

Title Secretary

DUMAS, NEKREIEA 20516 SW 92ND CT. CUTLER BAY, FL 33189

Title D

Brooks, Robert 23548 sw 112ct MIAMI, FL 33032

Title Asst. Treasurer

DONOVAN, DOREEN 30055 SW 158 CT HOMESTEAD, FL 33033

Title CEO

MILLER, RENEE 23548 SW 112 CT. MIAMI, FL 33032

Annual Reports

Report Year	Filed Date
2013	04/29/2013
2014	04/30/2014
2015	04/30/2015

Document Images

04/30/2015 ANNUAL REPORT	View image in PDF format
04/30/2014 ANNUAL REPORT	View image in PDF format
04/29/2013 ANNUAL REPORT [View image in PDF format
05/01/2012 ANNUAL REPORT	View image in PDF format
03/07/2011 ANNUAL REPORT	Vlew Image In PDF format
04/01/2010 ANNUAL REPORT	View image in PDF format
04/19/2009 ANNUAL REPORT	View Image In PDF format
04/30/2008 ANNUAL REPORT	View image in PDF format
04/16/2007 ANNUAL REPORT	View image in PDF format
12/15/2006 Domestic Non-Profit	View image in PDF format

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State of Fiorida, Department of State

Modello Community Reunion Budget

Park Usage \$260.00

Security \$1,272.00

Food \$1,200.00

Music Entertainment \$200.00

Promotional Material \$200.00

Awards \$50.00

Cake \$100.00

Snowmobile Stage \$600.00

(Covered by Commissioner Moss)

Total Cost: \$4,507.00

Request for Taxpayer

Give Form to the requester. Do not

Depart	ment of the Treasury It Rovenue Service	laentir	ication Numbe	er and Certifi	cation	send to the IRS.		
01	Mothe	your Income tax return) HOAINS egarded entity name, it different	X Bulli	es, INC	Υ			
es Sect	mothers agains	t bullies						
	Check appropriate							
, Ø	classification (requir	on (required): 🛮 Individual/sola proprietor 🔲 O Carporation 🔲 S Corporation 🔲 Pannership 🔲 I			Padnership 🔲 TrusVe	state		
Print or type Specific Instructions on	Limited liability company. Enter the tax classification (G=C corporation, S=S corporation, F			S corporation, Paparine.	(dkla) ►	Exampl payor		
톲		Other (see Instructions) >						
复	1	reat, and apt, or stille no.)			Requester's name and address	e (optional)		
Š	11286 SW 211 ST SUITE 204				RENEE MILLER			
88	City, state, and ZiP	5009						
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		tol treip following						
Pa	Taxpav	er Identification Num	ber (TIN)	·	•			
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numb	er to enter.	more than one name, see th	o onait on page 4 for go	iomites on Aliban	51-06	22425		
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	r penalties of perjur	***						
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		other U.S. person (defined b	•					
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Sigr		ulnee /	Juller	Ö	no+ 11 10/15			
	neral Instruc	tions the internal Rovenue Code	Unlare albanións	your TIN, you must	gives you a form other than use the requester's form if I	Form W-9 to request t is substantially similar		
notec			CHICOS DI IONNISO	to this Form W-9. Definition of a U.S.	person. For federal tax pur	poses, you are		
Pur	pose of Fori	n		considered a U.S. person if you are:				
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (fiN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation			 An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or 					
of debt, or contributions you made to an IRA. • A domestic trust (as defined in Regulations section					otlon 301.7701-7).			
alien)		you are a U.S. person (includ rrect TIN to the person requi plicable, to:		Special rules for partnerships, Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.				
numt	er to be issued),	you are giving is correct (or y	-	Further, in certain c partnership is requi	ases where a Form W-0 has red to prosume that a partne	not been received, a er is a foreign person,		
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paye alloca Is no	3. Claim exemption from backup withholding if you are a U.S. exempt ayes, if applicable, you are also certifying that as a U.S. person, your liceable share of any partnership income from a U.S. trade or business states, provide Form W-9 to the partnership to establish your U.S. states, provide Form W-9 to the partnership to establish your U.S. states and avoid withholding on your share of partnership income.							

Memorandum



Date:

April 5, 2016

To:

Honorable Chairman Jean Monestime,

and Members, Board of County Commissioner

From:

Carlos A. Gimenez

Mayor

Subject:

District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by the Mothers Against Bullies, Inc. for its "1st Annual Modello Community Reunion" event held on November 7, 2015.

In-kind services have been requested in an amount not to exceed \$650.00 from the Parks, Recreation and Open Spaces Department for the use of a 16' x 16' stage. This event will be funded from the balance of District 9 FY 2015-16 In-Kind Reserve Funds.

Deputy Mayor

Inkind01564